

FILED JAN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1454

0435

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY OR TOWN <u>Joplin</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Buffalo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Joplin General Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. S. of Seneca, Mo.</u>	
3. NAME OF DECEASED (Type or Print) <u>John Harvey Beavers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar.</u>	8. DATE OF BIRTH <u>Oct 9, 1878</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Beavers</u>		13b. MOTHER'S MAIDEN NAME <u>Melvin Cox</u>	
14. NAME OF HUSBAND OR WIFE <u>Minnie</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION -			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart & Respiratory failure</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture left femur multiple.</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>73</u>			
19a. DATE OF OPERATION <u>1-10-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Spinal - multiple fractures left femur through shaft & greater trochanter.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>903 0</u> <u>21</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Seneca Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-31-50</u> m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall</u>	
22. I hereby certify that I attended the deceased from <u>12-31</u> , 19 <u>50</u> , to <u>1-13-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-13-51</u> , 19 <u>51</u> and that death occurred at <u>7:00</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. E. Henkle M.D.</u>		23b. ADDRESS <u>521 W. 4th Joplin Mo.</u>	
23c. DATE SIGNED <u>1-16-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-16-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Seneca Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. E. Henkle Seneca Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-18-51</u>		REGISTRAR'S SIGNATURE <u>Ed S. [unclear]</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Ed. E. J. J. J.

RECEIVED 1-22-51
Jasper County Health Office
County File Number 51-1-32
Date Filed 1-22-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

W. E. Piddlesome

Signed _____
Student Embalmer

Licensed Embalmer No. 2174

P. O. Address Seneca Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.